Recipient Committee Campaign Statement Cover Page	Type or print in	ink.  CALIFORNIA 460  FEB 2 2 2006  COVER PAGE  COVER
(Government Code Sections 84200-84216.5)	Statement covers period	
	from 07/01/2005	(Month, Day, Year) EGIS IRAR OF VOTERS of Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2005	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:
✓ Officeholder, Candidate Controlled Committee     ✓ State Candidate Election Committee     ✓ Recall     (Also Complete Part S)      ✓ General Purpose Committee     ✓ Sponsored     ✓ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement ☐ Supplemental Preelection ☐ (Also file a Form 410 Termination) ☐ Statement - Attach Form 495 ☐ Amendment (Explain below)  Address & Occupation Corrections
3. Committee Information	D. NUMBER	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1261380	NAME OF TREASURER
Cathryn De Young/DeYoung for Supervisor STREET ADDRESS (NO P.O. BOX)		Catherine Madigan MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAJLING ADDRESS
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
Executed on	nia that the foregoing is true and correct.	Signature of Treasurer or Assistant Treasurer  Critrolling Officeholds. Candidate. State Measure Proponent or Responsible Officer of Sponsor  Signature of Controlling Officeholds. Candidate, State Measure Proponent
Cate		FPPC Form 460 (January/05)  FPPC Toll-Free Helptine: 868/ASK-FPPC (886/275-3772)  State of California

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DeYoung

for

Supervisor

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA FORM	460				
Page 2	of 47				

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Cathryn DeYoung							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN County Supervisor District Number: 5	D DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRI	EET) CITY STATE ZIP		Identify the controlling o	fficeholder, ca	ndidate, or sta	te measure	proponent, if an
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER				i	<u></u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate	(s) for which th	is committee is	primarity fon	
COMMITTEE ADDRESS STRFFT ADDRESS	(NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)			<u> </u>			
CITY STATE	ZIP CODE AREA CODE/PHONE		An	ach continuat	ion sheets if n	ecessary	

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Schedule	Α (	Continuation Sheet)
Monetary	Co	ntributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Statement covers period CALIFORNIA **FORM** from \_\_\_\_\_07/01/2005 Page \_\_\_6 of \_\_47 through 12/31/2005

NAME OF FILER

I.D. NUMBER 1261360

Cathryn De Y	oung/DeYoung for Supervisor				I	361380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SCLF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	_	R ELECTION TO DATE REQUIRED)
12/14/2005	Fred Burbank	☑IND □COM □OTH □PTY □SCC	Physician Self emp.	250.00	1,250.	O P 06	1,450.00
11/16/2005	Joseph Busch	⊠IND □COM □OTH □PTY □SCC	Attorney Gibson, Dunn&Crutcher	150.00	150.	0 P 06	150.00
11/07/2005	Dana Butler	⊠IND □COM □OTH □PTY □SCC	Self Emp  Kane Shrader	500.00	500.	00 P 06	850.00
11/08/2005	Cabco Yellow Inc	☐IND ☐COM ☑OTH ☐PTY ☐SCC		175.00	175.	00 P 06	175.06
11/01/2005	Stephen Calhoun	IND COM	Comm. Realtor Colliers Seeley	150.00	150.		350.00
			SUBTOTAL	\$ 1,225.00			

\*Contributor Codes

IND-Individual

COM -- Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Supervisor

Schedule	A	(Continuation Sheet)
Monetary	Co	ntributions Received

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from <u>07/01/2005</u>	FORM 400
through <u>12/31/2005</u>	Page7 of47
	I.D. NUMBER

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

1261380

cachiyh be i	oung/Deroung for Supervisor				1201	.360	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO	ELECTION DATE EQUIRED)
11/05/2005	Patty Canright	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	RN St. Margarets School	250.00	500.00	P 06	650.00
11/28/2005	David Chapman	IND ☐COM ☐OTH ☐PTY ☐SCC	Medical Ins Midwest Nat'l	100.00	100.00	P 06	100.00
11/02/2005	Cinda Churm	IND  COM  OTH  PTY  SCC	Homemaker	250.00	500.00	P 06	650.00
11/12/2005	Cox Communications	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	P 06	750.0
11/05/2005	Crown Valley Bs. Park	□IND □COM INOTH □PTY □SCC	Exec. VP - Andrews Petroleum	500.00	500.00	P 06	500.0
			SUBTOTAL	1,350.00			

\*Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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Supervisor

## Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in link.

Amounts may be rounded to whole dollars.

SCHEDU	LEA	(CONT.)

 Statement covers period
 CALIFORNIA FORM
 460

 through 12/31/2005
 Page 10 of 47

NAME OF FILER

Cathryn De Young/DeYoung for Eupervisor

I.D. NUMBER 1261380

Cathryn De Y	oung/DeYoung for Eupervisor				120.	1300	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	T	ELECTION D DATE EQUIRED)
09/29/2005	Caroline Farwell	☑IND □COM □OTH □PTY □SCC	Free Lance Photographer Self emp.	100.00	100.00	P 06	100.00
11/28/2005	Franks Mkt	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00	P 06	500.00
11/22/2005	Geo Syntec Consultants	□IND □COM ☑OTH □PTY □SCC		175.00	175.00	P 06	325.00
11/01/2005	Wendy Gerdau	⊠IND □COM □OTH □PTY □SCC	Homemaker	250.00	250.00	P 06	500.00
11/12/2005	Helen Gomberg	⊠IND □COM □OTH □PTY □SCC	Retired	150.00	400.00	P 06	600.00
			SUBTOTAL	1 175 00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Supervisor

## Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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Statement covers period	CALIFORNIA ACO
from <u>07/01/2005</u>	FORM 400
through <u>12/31/2005</u>	Page 15 of 47
	I.D. NUMBER

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

1261380

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO	ELECTION DATE EQUIRED)
11/05/2005	LA-Niguel	□IND □COM IXOTH □PTY □SCC		500.00	500.00	P 06	500.00
11/08/2005	Valdivia Lawrence	⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	100.00	P 06	100.00
10/31/2005	Alan Lazar	IND  COM  OTH  PTY  SCC	Attorney Charlston, Reirdy & Chamberlin	100.00	200.00	P 06	200.00
07/28/2005	Sandra Lewis	⊠IND □COM □OTH □PTY □SCC	Sub. Teacher  Capistrano Unified SD	100.00	100.00	₽ 06	100.00
10/31/2005	Diane Liljestrom	⊠IND □COM □OTH □PTY □SCC	Homemaker	500.00	750.00	P 06	850.00
			SUBTOTAL	1 300 00			

\*Contributor Codes

ND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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NAME OF FILER

Supervisor

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Schedule	A (Continuation Sheet)	
<b>Monetary</b>	Contributions Received	

Type or print in Ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 07/01/2005

CALIFORNIA FORM

FORM

through 12/31/2005 Page \_\_\_\_

Page 23 of 47

1261380

Cathryn De Young/DeYoung for Supervisor PER ELECTION AMOUNT **CUMULATIVE TO DATE** IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, ALSO ENTER LO. NUMBER) CODE \* (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) RECEIVED OF BUSINESS) ZIND P 06 700.00 250.00 250.00 CFO 11/15/2005 William Scilacci, Jr. □сом Потн Edison Mission Energy **□** PTY □ scc XIND 300.00 150.00 P 06 150.00 11/10/2005 Vanessa Silvan ПСОМ OTH Homemaker □ PTY SCC |X|IND 1,000.00 1,000.00 P 06 1.000.00 11/08/2005 Nancy Snyder ПСОМ Потн Homemaker **□**PTY □SCC 100.00 PO6 1,500.00 100.00 Solag/CR & R 12/06/2005 ПСОМ **X**OTH □ PTY □scc 1,300.00 □IND 1.000.00 PO6 1,000.00 Southland Dev. Co. 11/05/2005 □ COM **⊠OTH □PTY** □ SCC

SUBTOTAL\$

2,500.00

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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Supervisor

Schedule C	
Ionmonetary Contributions Received	

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULEC
Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through_12/31/2005	Page of47

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

I.D. NUMBER 1261380

DATE RECEMED	FULL NAME, STREET ADDRESS ANÚ ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	TC	ELECTION DATE EQUIRED)
11/15/2005	Chris Alexander	□COM	Realtor Sea West Properties	Postage stamps	185.00	285.00	P 06	285.0
12/31/2005	Cathryn DeYoung	☑IND □COM □OTH □PTY □SCC	City Council Member City of Laguna Niguel	Office space/rent	13,476.00	723,068.00	P 06	723,068.0
12/31/2005	Trans Pacific Association	□IND □COM □COTH □PTY □SCC		File Cabinet	100.00	100.00	P 06	100.0
		□IND □COM □OTH □PTY □SCC						
Attach ac	dditional information on appropriately la	beled continual	tion sheets.	SUBTOTAL	13,761.00			

## Schedule C Summary

\*Contributor Codes

IND – Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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thedule E Type or print in ink. Amounts may be rounded to whole dollars.			Statem	ent covers period	CALIFO		
EE INSTRUCTIONS ON REVERSE				through	12/31/2005	Page	30 of 47
AME OF FILER						I.D. NUN	BER
Cathryn De Young/DeYoung for Supervisor						126138	0
ODES: If one of the following codes accurately describe	s the payment,	you may enter the	code. Other	wise, descri	be the payment.		
VP campaign paraphemalia/misc.	MBR member of				airtime and production	costs	
NS campaign consultants	_	and appearances			ned contributions paign workers' salaries		
IB contribution (explain nonmonetary)* /C civic donations	OFC office exp  PET petition di				r cable airtime and pro		
L candidate filing/ballot fees	PHO phone bar				lidate travel, lodging, ar		
ND fundraising events	POL polling an	d survey research		TRS staff	spouse travel, lodging,	and meals	
D independent expenditure supporting/opposing others (explain)*		delivery and messenger			ifer between committee	es of the san	ne candidate/sponso
EG legal defense	•	nal services (legal, acco	nugug)	_	r registration mation technology cost	e (intornat a	mail
T campaign literature and mailings	PRT print ads			VVCD HILL	mation reciliology cost	s (memer, e	-111011)
NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DES	SCRIPTION OF F	AYMENT		AMOUNT PAID
12th Man Football Club/Kelly Altumarra		СМР					1,000.00
Antonello Ristorante		FND			**************************************		2,399.81
California Women's Leadership Association	***	MTG	· · · · · · · · · · · · · · · · · · ·				150.00
Payments that are contributions or independent expenditures	must also be sur	nmarized on Schedul	e D.		Si	UBTOTAL\$	3,549.81
Schedule E Summary							
. Itemized payments made this period. (Include all Schedule	e E subtotais.)				•••••	<b>\$</b>	440,194.98
. Unitemized payments made this period of under \$100							272.83
. Total interest paid this period on loans. (Enter amount from							
•							

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Schedule E (Continuation Sheet) Payments Made	Amounts may be	Type or print in ink. Amounts may be rounded to whole dollars.			07/01/2005 07/31/2005	CALIFO FOR	SCHEDULE E (CONT.  CALIFORNIA 460  FORM  Page 32 of 47		
NAME OF FILER Cathryn De Young/DeYoung for Supervisor						I.D. NUMB 126138			
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and a POS postage, deli	munications d appearance ses lating survey resea every and me	<b>es</b>	Otherwise, RAD RFD SAL TEL TRC TRS TSF VOT WEB	describe the payment. radio airlime and production returned contributions campaign workers' salaries t.v. or cable airlime and pro- candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration Information technology costs	toosts  duction costs  dimeals  and meals  s of the sar	me candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID		
Driscoll Insurance Agency Inc.		OPC .					1,252.00		
Forde & Mollrich									

Driscoll Insurance Agency Inc.		
	arc	1,252.00
Porde & Mollrich		
	LIT	265,238.80
Forde & Mollrich		
	CINE	75,000.00
Intuit Inc.		
	OFC	112.59
Irvine Consulting Service	OFC	270.28
	orc	279.28

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

341,882.67

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SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 460
from	07/01/2005	FORM TOO
through	12/31/2005	Page34 of47
		I.D. NUMBER

1261380

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphemalia/misc. RFD returned contributions campaign consultants MTG meetings and appearances SAL campaign workers' salaries contribution (explain nonmonetary)\* OFC office expenses СТВ petition circulating TEL t.v. or cable airtime and production costs PET CVC civic donations candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research TRS FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* ND voter registration professional services (legal, accounting) VOT LEG legal defense PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALBO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marbella Country Club			
	FMD		1,357.54
Marbella Market			
	מאק		156.25
Mark A. Rosen, Attorney			
	PRO		200.00
Neon Design			
	CMB		646.50
Niguel Copy & Mail	ORG		
	OPC		3.00
Payments that are contributions or independent expenditures must also be su	mmartzed on Schedule D.	SI	UBTOTAL \$ 2,363.29

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Sch	edule E					SCHEDULE E (CONT.)					
(Continuation Sheet) Payments Made		Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period  from07/01/2005		CALIFORNIA 460				
SEE IN	STRUCTIONS ON REVERSE				through	h 12/31/2005	Page	35 of_	47		
	OF FILER  ryn De Young/DeYoung for Supervisor						I.D. NUMB 126138				
CMP CNS CTB CVC FIL FND ND LEG	ES: If one of the following codes accurately descampaign paraphemalia/misc campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain legal defense campaign literature and mailings	MBR member co MTG meetings a OFC office exp PET petition cin PHO phone ban POL polling and postage, d	mmunications and appearance enses culating ks I survey resear elivery and me	\$	RAD r RFD r SAL c TEL t TRC c TRS a TSF t	describe the payment adio airtime and productio etumed contributions campaign workers' salaries. It is candidate travel, lodging, a staff/spouse travel, lodging ransfer between committe roter registration nformation technology cos	n costs  s  duction costs  nd meals  , and meals  es of the san	ne candida	te/sponsor		
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR I	DESCRIPTION	OF PAYMENT		AMOUN	T PAID		
Offi	Ce Max		OFC						103.61		
Pape	er Annex		POS						119.69		
Ray	Gennawey		SAL		-			1	,000.00		
Regi	istrar of Voters		CMP						5.00		

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SUBTOTAL \$

4,728.30

3,500.00

 $<sup>^{</sup>f *}$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E

NAME OF FILER

(Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

Cathryn De Young/DeYoung for Supervisor

Payments Made

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for

Supervisor

Payments that are contributions or independent expenditures must also be summarized or	Schedule D.	SUBTOTAL \$	1,204.50
South County Printing	LIT		53.75
South County Chambers	MTG		70.00
South County Chambers	MTG		30.00
Sater Secretarial Service	SAL		375.60
	OFC		675.15

SCHEDULE E (CONT.) Statement covers period CALIFORNIA FORM 07/01/2005 from. 12/31/2005 through. Page 36 of 47 I.D. NUMBER 1261380

	MBR member MTG meeting OFC office e PET petition PHO phone to POL polling POS postage	r communication is and appearan expenses circulating panks and survey rese delivery and resolutional services (I	s nces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and my transfer between committees of the voter registration information technology costs (interm	s eals e same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
SDGZ		OFC				675.15
Sater Secretarial Service		SAL				375.60
South County Chambers		MTG				30.00
South County Chambers		мтс				70.00
South County Printing		LIT				53.75

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Amounts may be rounded

to whole dollars.

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SCHEDULE E (CONT.)

Schedule	Ε
(Continuat	tion Sheet)
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA ACO
from	07/01/2005	FORM 400
through_	12/31/2005	Page 37 of 47
		LD. NUMBER

1261380

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cathrym De Young/DeYoung for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PRT

CMP campaign paraphemalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations

CVC elvic donations
FIL candidate filing/ballot fees
fundraising events

ND independent expenditure supporting/opposing others (explain)\*
LEG legal defense

LIT campaign literature and mailings

MBR member communications RAD radio airtime and production costs
MTG meetings and appearances RFD returned contributions

OFC office expenses SAL campaign workers' salaries

PET petition circulating TEL t.v. or cable airlime and production costs

PHO phone banks

TRC candidate travel, lodging, and meals

POL polling and survey research

POS postage, delivery and messenger services

TRS candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TRS transfer between committees of the sa

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sprint				
	OFC			582.98
Staples				
, and the same of	OFC			300.21
The Star Cleaning System				
	OFC			156.00
Trans Pacific Association				
	OFC			950.85
<u>·</u>				
Trans Pacific Association	SAL			37,500.00
Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D.			UBTOTAL \$ 39,490.04

professional services (legal, accounting)

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Schedule E					:	SCHEDULE E (CONT.)
(Continuation Sheet)		Type or print in ink.  Amounts may be rounded		Statement covers p	period CALIFO	ORNIA 460
Payments Made	to whole do	llars.		from 07/01/20	oos FOF	RM 400
-				through 12/31/20	005	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 12/31/20	Page_	
Cathryn De Young/DeYoung for Supervisor					I.D. NUMI	
					12613	80
CODES: If one of the following codes accurately describe		-	ter the code. Oth			
CMP campaign paraphemalia/misc. CNS campaign consultants	MBR member com MTG meetings an	munications d appearance:	8	RAD radio airtime and RFD returned contribution		
CTB contribution (explain nonmonetary)*	OFC office exper	ses	-	SAL campaign worke	ra' salaries	
CVC civic donations FIL candidate filing/ballot fees	PET petition circu PHO phone banks				me and production cost lodging, and meals	3
FND fundraising events	POL polling and s	survey researc		TRS staff/spouse trav	el, lodging, and meals	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense			ssenger services al, accounting)	TSF transfer between VOT voter registration	n committees of the sa	me candidate/sponsor
LIT campaign literature and mailings	PRT print ads		3,		nology costs (Internet,	e-maif)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
US Postmaster						
		POS				3,700.00
Verizon						
		OPC				952.86
Wolverine Football Club						
WOLVELING TOOLDAIT CLUB		CTB				1,000.00
						1,000.00
Wolverine Football Club					1	
						1,000.00
		CMP				
			<u></u>			
" Payments that are contributions or independent expenditures must al	so be summarized on	Schedule D.			SUBTOTAL	\$ 6,652.86

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Schedule G
Payments Made by an Agent or independent
Contractor (on Behalf of This Committee)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA ACO
from <u>07/01</u>	/2005	FORM 460
through 12/31	/2005	Page 45 of 47

I.D. NUMBER

1261380

SCHEDULE G

SEE	INSTRUCTIONS ON REVERSE	
		•

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Forde & Mollrich

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\*

CVC civic donations FIL candidate filing/ballot fees

FND fundraising events

independent expenditure supporting/opposing others (explain)\* LEG legal defense

campaign literature and mailings

MBR member communications RFD returned contributions MTG meetings and appearances

OFC office expenses petition circulating ΡĘΤ PHO phone banks

POL polling and survey research postage, delivery and messenger services professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

SAL campaign workers' salaries TEL. t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data	LIT	Data services	798.86
Political Data	LIT	Data services	1,117.03
Political Data	LIT	Data services	626.32
Sigma Data Services		Data services	925,00
<del>1</del>			
ttach additional information on appropriately labeled continuation she	ote .		TOTAL* \$ 3,467.23

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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2006

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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from07/01/2005	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE		through 12/31/2005	- Page 46 of 47
AME OF FILER Cathryn De Young/DeYoung for Supervisor			I.D. NUMBER 1261380
Forde & Mollrich	pes the payment, you may enter the code. O		
Forde & Mollrich  CODES: If one of the following codes accurately describ  MP campaign paraphemalia/misc.	MBR member communications	RAD radio airtime and production	
Forde & Mollrich  CODES: If one of the following codes accurately described accurately descri	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	n costs
Forde & Mollrich  CODES: If one of the following codes accurately described accurately descri	MBR member communications MTG meetings and appearances OFC office expenses	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries	n costs
Forde & Mollrich  CODES: If one of the following codes accurately described a campaign paraphemalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro	n costs s oduction costs
CODES: If one of the following codes accurately described a comparing paraphemalia/misc.  CNS campaign consultants  CNS contribution (explain nonmonetary)*  CVC civic donations  CL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, air	n costs s oduction costs nd meals
Forde & Mollrich  CODES: If one of the following codes accurately descrit  CMP campaign paraphemalia/misc.  CMS campaign consultants  CMS contribution (explain nonmonetary)*  civic donations  CMS candidate filing/ballot fees  FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, at STRS staff/spouse travel, lodging	n costs s oduction costs nd meals
CODES: If one of the following codes accurately described campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, at STRS staff/spouse travel, lodging	n costs  s  pduction costs  nd meals , and meals

Payments that are contributions or independent expenditures must also be summerized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS-Long Beach	POS			21,625.4
USPS-Mission Viejo	POS			500.0
USPS-Mission Viejo	POS		1,0-144-414-414-414-414-414-414-414-414-41	500.0
USPS-Paramount	eos			20,625.
<del></del>				
Attach additional information on appropriately labeled continuation sheets.	<u> </u>			TOTAL* \$ 43,255

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Forde & Mollrich

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Supervisor

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE G		
Statement covers period	CALIFORNIA	100		
m 07/01/2005	CALIFORNIA FORM	40U		

SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2005</u>	Page 47 of 47
NAME OF FILER		10 10000
Cathryn De Young/DeYoung for Supervisor	ł	I.D. NUMBER
caemin be roungiberoung for supervisor		1261380
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/mlsc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salarles CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL poiling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)\* N postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF legal defense professional services (legal, accounting) PRO VOT voter registration ш campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALBO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS-Paramount	POS		20,726.70
			1 20,120171
ICDC Contro No.			
SPS-Santa Ana	POS		12,048.59
USPS-Santa Ana	POS		1,817.98
	1		
	1 1		

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

34,593.27

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.